

2018 Application for Exhibit Space
 DNA Annual Convention
 February 14-17, 2018
 Sheraton San Diego Hotel & Marina, San Diego, CA.



Booth Prices

- \$ 2,300 10'x10' inline
- \$ 1,800 inline/first time exhibitor
- \$ 2,450 10'x10' corner
- \$ 1,950 corner/first time exhibitor
- \$ 10,000 20'x20 island booth
- \$ 700 Non-Profit rate

DNA Office Use Only

Received _____
Booth Assigned _____

We hereby apply for space in the exhibit area, subject to the terms of your printed prospectus of this meeting. Please list firm name as you wish it to appear on the identification sign and in printed materials. Retain a copy for your file.

Company Name _____

Street and Number _____

City _____ State _____ Zip _____

Telephone ____ / ____ / _____ Fax ____ / ____ / _____ *E-mail _____

Contact _____ Web site _____

Signed _____ Date ____ / ____ / _____

*You will be listed in the 2018 Attendee Program Book and Mobile App by Company name, address, website address and booth number. Please make sure the above information is correct as the information will be taken directly off this application. *Email address necessary to receive confirmation packet and decorator kit.*

Number of booths requested: _____

Choice of Booth(s) –

1st Choice _____ 2nd Choice _____ 3rd Choice _____

We agree that: 1) We may not receive one of our preferred choices. However, DNA will try to make assignment in the requested area. 2) Assignment of space made by the Dermatology Nurses' Association will be considered accepted unless rejected within 14 days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. 3) Payment in full is due upon receipt of confirmation. A deposit in the amount of 50% of the booth fee is requested with the application for exhibit space. 4) All provisions of the official rules and regulations, a part of the official prospectus, shall be a part of this contract.

Payment:

Number of booths requested: _____ at a cost of \$ _____

<p>Payment by Check DNA Tax ID # 22-2485816 Mail check payable in U.S. Funds to DNA The remaining balance is due prior to booth setup.</p> <p>DNA Annual Convention Postal – East Holly Ave., Box 56, Pitman, NJ 08071-0056</p> <p>Overnight Service – 200 East Holly Avenue, Sewell, NJ 08080</p> <p>856-256-2375 / Fax 856-589-7463 heidi.perret@ajj.com</p>	<p>Full Payment by Credit Card</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX</p> <p>Name on Credit Card _____</p> <p>Credit Card Number _____</p> <p>Security Code _____ Expiration Date ____ / ____</p> <p>Charge Amount \$ _____</p> <p>Credit Billing Address street # _____ zip code _____</p> <p>Signature _____</p>
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